

**OFFICE OF THE GOVERNOR
GRANTS PROGRAM**

LANDON STATE OFFICE BLDG, 900 SW JACKSON, ROOM 304 N, TOPEKA, KANSAS 66612-1590

FAX: (785) 291-3204

**FVPSA
FY 2007**

FINANCIAL STATUS REPORT

(Due 25 Days After Close of Each Month or the First Business Day, by 5:00 P.M.)

The information provided on this report will be used to monitor subgrantee cash flow. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing laws and regulations

1. NAME/ADDRESS OF SUBGRANTEE ORGANIZATION	2. GRANT PROJECT NUMBER		3. VENDOR IDENTIFICATION NUMBER OR FEDERAL EMPLOYER ID NUMBER		4. FINAL REPORT ('X' ONE) NO YES	
	5. BASIS OF ACCOUNTING ('X' ONE) CASH ACCRUAL	6. PROJECT PERIOD (MO, DAY, YR) FROM: 07/01/06 TO: 06/30/07		7. REPORT PERIOD (MO, DAY, YR) FROM: TO:		

GRANT FUND EXPENDITURES AND OBLIGATIONS BY BUDGET CATEGORY

BUDGET CATEGORY	Approved Budget (Total Project)	Period Expenditures (Federal Funds)	Period Expenditures (Non-Federal Match)	To Date Expenditures (Federal Funds)	To Date Expenditures (Non-Federal Match)	Obligations (Total Project)	Funds Remaining (Total Project)
A. Personnel Expenditures							
B. Fringe Benefit Expenditures							
C. Travel/Training Expenditures							
D. Supplies & Communications Expenditures							
E. Facility Cost Expenditures							
F. Equipment Expenditures							
G. Contractual Services Expenditures							
H. Other Expenditures							
I. Total Expenditures							

CERTIFICATION

<p>CERTIFICATION</p> <p>I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS REPORT IS CORRECT AND COMPLETE AND REPRESENTS ACTUAL EXPENDITURES OF FUNDS FOR THE PERIOD COVERED AND FOR THE GRANT TO DATE.</p>	<p>AUTHORIZED CERTIFYING OFFICIAL (Type or Print)</p>	TELEPHONE NUMBER	
		AREA CODE	NUMBER WITH EXT.
	<p>SIGNATURE</p> <p>DATE</p>	FOR OFFICE OF THE GOVERNOR USE	
		APPROVED BY OFFICE OF THE GOVERNOR	DATE APPROVED